



Form 420

(Interim Form)
COMMITTEE
CAMPAIGN STATEMENT

(GOVERNMENT CODE SECTION 84200.84214)

Statement covers period from 1/20/76 through 2/15/76

FEB 19 1976

Pinkerton for Council Committee | 746928

NAME OF COMMITTEE | I.D. NUMBER

1 321 N. Calif. St. | Lodi | California | 95240 | 209 | 368-4695

ADDRESS OF COMMITTEE (NO. AND STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE) (PHONE NO.)

Esther F. Lund

NAME OF TREASURER

2 713 Howard St. | Lodi | Calif. | 95240 | 209 | 368-4695

RESIDENTIAL ADDRESS OF TREASURER (NO. & STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE) (PHONE NO.)

3 321 N. Calif. St. | Lodi | Calif. | 95240 | 209 | 368-4695

BUSINESS ADDRESS OF TREASURER (NO. & STREET) (CITY) (STATE) (ZIP CODE) (AREA CODE) (PHONE NO.)

☒ LINE 1 ☐ LINE 2 ☐ LINE 3 ☐ OTHER

CHECK APPLICABLE BOX FOR MAILING ADDRESS (If other, list No. and Street (or P.O. Box), City, State and Zip Code)

General Municipal | March 2, 1976 | 10 | A

TYPE OF ELECTION (PRIMARY GENERAL SPECIAL) DATE OF ELECTION (MONTH DAY YEAR) TOTAL PAGES OFFICIAL USE ONLY

ALLOCATION OF EXPENDITURES BY CANDIDATES AND MEASURES

(Allocate the totals of Schedules E and F by Candidates and Measures; Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	NAME OF CANDIDATE AND OFFICE; NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER	CHECK ONE	AMOUNT OF EXPENDITURES THIS PERIOD	CUMULATIVE TO DATE
	James W. Pinkerton, Jr.	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	\$330.00	\$330.00
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
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		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

C I declare under penalty of perjury that to the best of my knowledge, this statement and its schedules are true, correct and complete and that I have used all reasonable diligence in their preparation.

D Executed on 2/17/76 at Lodi, Calif. by Esther F. Lund

(DATE) (CITY AND STATE) (SIGNATURE OF TREASURER)

E A candidate who controls a committee must also verify the campaign statement.

F I declare under penalty of perjury that to the best of my knowledge this statement and its schedules are true, correct and complete and the treasurer of this committee has used all reasonable diligence in the preparation of this statement and its schedules.

Executed on 2/17/76 at Lodi, Calif. by [Signature]

(DATE) (CITY AND STATE) (SIGNATURE OF CANDIDATE)

SUMMARY PAGE

Name Pinkerton for Council Committee

I.D. Number 746923
(If Committee)

COLUMN A	COLUMN B	COLUMN C
Cumulative total from previous period	This period	Cumulative to date

RECEIPTS

1. Monetary contributions (Line 5, Part 3 of Schedule A)	\$ <u>350.00</u>	\$ <u>445.00</u>	\$ <u>795.00</u> (Column A + Column B)
2. Unpaid loans (Line 9, Part 3 of Schedule B)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net change for period)	<u>-0-</u> (Total at end of period)
3. Miscellaneous receipts (attach explanation)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> (Column A + Column B)
4. Total monetary contributions, Net cash receipts (Lines 1+2+3)	\$ <u>350.00</u>	\$ <u>445.00</u>	\$ <u>795.00</u> (Column A + Column B)
5. Non-monetary contributions (Line 3 of Schedule C)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u> (Column A + Column B)
6. Pledges (Line 7 of Schedule D)	<u>-0-</u> (Total at beginning of period)	<u>-0-</u> (Net change for period)	<u>-0-</u> (Total at end of period)
7. Total receipts (Lines 4+5+6)	\$ <u>350.00</u>	\$ <u>445.00</u>	\$ <u>795.00</u> (Column A + Column B)

EXPENDITURES

8. Payments (Line 6, Part 3 of Schedule E)	\$ <u>-0-</u>	\$ <u>380.00</u>	\$ <u>380.00</u> (Column A + Column B)
9. Accrued expenses (unpaid bills) (Line 5 of Schedule F)	<u>-0-</u> (Total at beginning of period)	<u>685.73</u> (Net change for period)	<u>685.73</u> (Total at end of period)
10. Total expenditures (Lines 8+9)	\$ <u>-0-</u>	\$ <u>1,065.73</u>	\$ <u>1,065.73</u> (Column A + Column B)

STATEMENT OF CHANGES IN FINANCIAL CONDITION

11. Cash on hand at the beginning of this period	\$ <u>350.00</u>
12. Cash receipts this period (Line 4, column B)	<u>445.00</u>
13. Cash payments this period (Line 8, column B)	<u>380.00</u>
14. Cash on hand at closing date (Lines 11+12-13)	<u>415.00</u>
15. Liabilities (Line 2, column C + Line 9, column C)	<u>625.73</u>
16. Surplus (If Line 14 is greater than Line 15, subtract Line 15 from Line 14)	\$ <u> </u>
17. Deficit (If Line 15 is greater than Line 14, subtract Line 14 from Line 15)	\$ <u>(270.73)</u>

SCHEDULE A, FORM 420 or 430

(continued)

PART 2 - RECEIVED FROM OTHERS: (See information manual for directions and examples)

DATE	FULL NAME AND ADDRESS (Street City, State) OF CONTRIBUTOR*	OCCUPATION	EMPLOYER (IF CONTRIBUTOR IS SELF-EMPLOYED LIST STREET ADDRESS & CITY OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE AMOUNT
1/22/76	Arch McVay 2200 Jackson St., Lodi	self-employed	McVay Security Systems 2200 Jackson St Lodi, Calif.	(check) \$50.00	\$50.00
1/27/76	Ben Schaffer 600 Connie St., Lodi	self-employed	K & S Realtors 122 North Church Lodi, Calif.	(check) \$50.00	\$50.00
1/27/76	Elenore & Rinney Bender 729 So. Pleasant, Lodi	self-employed	Bender's Arco Service 305 W. Lodi Ave. Lodi	(check) \$25.00	\$25.00
1/27/76	Jake Ferguson 1330 So. Hutchins St Lodi	self-employed	Western Salvage Lodi	(cash) \$45.00	\$45.00
1/29/76	C.A. Wishek P.O. Box 380 Lodi	Banker	Farmers & Merchants Lodi	(check) \$25.00	\$25.00
2 /76	Helen C. Alegre 2000 Edgewood Dr. Lodi	housewife		(check) \$25.00	\$25.00
2/1/76	Anthony J. Alegre 17694 N. Cluff Lodi	trucker	Alegre Trucking 17694 N. Cluff Lodi	(check) \$25.00	\$25.00
2/3/76	B.T. Reeves 1132 Junewood Ct. Lodi	self-employed	The Reeves Co. 121 W. Pine Lodi	(check) \$100.00	\$100.00
2/5/76	Donald & Graffigna 4333 E. Jahant Galt	Investment Properties	4333 E. Jahant Galt	(check) \$50.00	\$50.00
2/12/76	Thomas Wing Hom 1401 So. Cherokee Lane Lodi	grocer	Lodi Super Market 1401 So. Cherokee Lodi	(check) \$50.00	\$50.00
SUBTOTAL (Carry with additional Subtotals to line 3, part 3) \$				\$445.00	

Attach additional information on appropriately labeled continuation sheets

* If the contribution was made by an intermediary provide the information for both the intermediary and the principal contributor.

PART 3 - SUMMARY OF MONETARY CONTRIBUTIONS (See information manual for directions and examples)

1. RECEIVED FROM COMMITTEES THIS PERIOD (Part 1) Include all Subtotals	\$ -0-
2. RECEIVED FROM COMMITTEES UNDER \$50 THIS PERIOD (Not Itemized)	-0-
3. RECEIVED FROM OTHERS THIS PERIOD (Part 2) Include all Subtotals	\$445.00
4. RECEIVED FROM OTHERS UNDER \$50 THIS PERIOD (Not Itemized)	-0-
5. TOTAL MONETARY CONTRIBUTIONS THIS PERIOD (line 1 + 2 + 3 + 4, Enter this total on Line 1, Column B of Summary Page)	\$ 445.00

NAME Pinkerton for Council Committee I.D. NUMBER (If Committee) 746926

(Interim Form)

SCHEDULE A, FORM 420 or 430

MONETARY CONTRIBUTIONS

(Amounts may be rounded off to whole dollars)

PART 1 – RECEIVED FROM COMMITTEES: (See information manual for directions and examples)

[illegible]

NAME Pinkerton for Council Committee I.D. NUMBER Committee 745928

(Interim Form)

SCHEDULE E, FORM 420 or 430

PAYMENTS

(Amounts may be rounded off to whole dollars)

PART 1 – MADE TO COMMITTEES: (See information manual for directions and examples)

[illegible]

Attach additional information on appropriately labeled continuation sheets

SUBTOTAL (Carry with additional subtotals to Line 1, part 3, page 9) \$

none

NAME Pinkerton for Council CommitteeID NUMBER (if committee) 746928(Interim Form)
SCHEDULE D, FORM 420 or 430
PLEDGES

(Amounts may be rounded off to whole dollars)

See information manual for directions and instructions

DATE	FULL NAME AND ADDRESS AND I.D. NUMBER (if committee)	OCCUPATION	EMPLOYER*	(a) AMOUNT PLEGGED THIS PERIOD	(b) AMOUNT PAID (Enter on Sched. A)	(c) CUMULATIVE PLEGGED UNPAID
	none					
SUBTOTAL \$				-0-	-0-	-0-

Attach additional information on appropriately labeled continuation sheets

* If contributor is self-employed list street address and city of business

SUMMARY

- PLEDGES OF \$50 OR MORE THIS PERIOD (Column a) Include all Subtotals
- PLEDGES UNDER \$50 THIS PERIOD (Not Itemized)
- TOTAL PLEDGES RECEIVED (Line 1 + 2)
- PLEDGES OF \$50 OR MORE PAID THIS PERIOD (Column b) Include all Subtotals
- PLEDGES UNDER \$50 PAID THIS PERIOD (Not Itemized)
- TOTAL PLEDGES PAID (Line 4 + 5)
- NET CHANGE THIS PERIOD (Line 3 - 6, Enter this total on line 6, Column B of Summary Page)

\$ -0-
 -0-
 \$ -0-
 -0-
 -0-
 \$ -0-
 -0-
 \$ -0-

See Information manual for directions and examples

Attach additional information on appropriately labeled continuation sheets.

SUMMARY

- | | | |
|---|----|-----------------|
| 1. ACCRUED EXPENSES OF \$50 OR MORE THIS PERIOD. Include all Subtotals | \$ | <u>635.73</u> |
| ACCRUED EXPENSES OF UNDER \$50 THIS PERIOD. (Not Itemized) | | <u>-0-</u> |
| TOTAL ACCRUED EXPENSES INCURRED THIS PERIOD (Line 1 + 2) | \$ | <u>1,065.73</u> |
| 4. ACCRUED EXPENSES PAID THIS PERIOD (Not Itemized, Enter on Line 5, Part 3, Schedule E) | \$ | <u>380.00</u> |
| 5. NET CHANGE THIS PERIOD (Line 3-4, Enter on Line 9, Column S of the Summary Page,
This may be a negative amount) | \$ | <u>685.73</u> |

SCHEDULE E, FORM 420 or 430
(continued)

PART 2 – MADE TO OTHERS: (See information manual for directions and examples)

FULL NAME AND ADDRESS OF PAYEE* <small>(Street, City, State)</small>	DESCRIPTION OF PAYMENT	AMOUNT THIS PERIOD
Jack Nadel, Inc. 9950 West Jefferson Blvd. Culver City, Calif. 90230	Bumper Stickers & sponges	\$249.70
Life & Times Magazine P. O. Box 664 Lodi, Calif. 95240	2 color ad in Feb. issue	\$130.30
SUBTOTAL (Carry with additional subtotals to Line 3, part 3) \$		380.00

* If the person providing the goods or services was different than the payee, list each person's name and address.

BULK RATE NO. none

Enter your bulk rate and/or postage meter number used in campaign mass mailings. In addition a copy of each mass mailing should be sent to the Fair Political Practices Commission.

POSTAGE METER NO. none

PART 3 - SUMMARY OF PAYMENTS (See information manual for directions and examples)

- | | |
|---|-----------|
| 1. MADE TO COMMITTEES THIS PERIOD (Part 1) Include all Subtotals | \$ -0- |
| 2. MADE TO COMMITTEES UNDER \$50 THIS PERIOD (Not Itemized) | -0- |
| 3. MADE TO OTHERS THIS PERIOD (Part 2) Include all Subtotals | 380.00 |
| 4. MADE TO OTHERS UNDER \$50 THIS PERIOD (Not Itemized) | -0- |
| 5. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Schedule F, Line 4) | 380.00 |
| 6. TOTAL PAYMENTS THIS PERIOD (Lines 1 + 2 + 3 + 4 + 5, Enter this total on line 8, Column B of Summary Page) | \$ 380.00 |

NAME _____

ID _____ ABER (if committee) _____

(Interim Form)

SCHEDULE B, FORM 420 or 430

LOANS

(Amounts may be rounded off to whole dollars)

PART 1 - LOANS RECEIVED: (see information manual for directions and examples)

DATE	FULL NAME AND ADDRESS OF LENDER AND ANY GUARANTORS OR COSIGNERS	OCCUPATION	EMPLOYER (If self-employed list street address and city of business.)	Interest Rate	AMOUNT OF LOAN	CUMULATIVE AMOUNT
	<i>none</i>					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	

PART 2 - LOANS REPAID, FORGIVEN, OR PAID BY A THIRD PARTY:
(see information manual for directions and examples)

DATE	FULL NAME AND ADDRESS	(a) AMOUNT REPAID	(b) AMOUNT FORGIVEN (Enter on Sched. A)	(c) AMOUNT PAID BY A THIRD PARTY (Enter on Sched. A)	(d) UNPAID BALANCE
	<i>none</i>				
Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$			

PART 3 - SUMMARY

1. LOANS OF \$50 OR MORE THIS PERIOD (Part 1) Include all Subtotals \$ _____
2. LOANS UNDER \$50 THIS PERIOD (Not Itemized) _____
3. TOTAL LOANS RECEIVED (Line 1 + 2) \$ _____
4. LOANS REPAID OF \$50 OR MORE THIS PERIOD (Part 2, Column a) Include all Subtotals \$ _____
5. LOANS FORGIVEN OF \$50 OR MORE THIS PERIOD (Part 2, Column b) Include all Subtotals _____
6. LOANS PAID BY A THIRD PARTY OF \$50 OR MORE THIS PERIOD (Part 2, Column c) Include all Subtotals _____
7. LOANS REPAID, FORGIVEN, OR PAID BY A THIRD PARTY UNDER \$50 THIS PERIOD (Not Itemized) _____
8. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5 + 6 + 7) \$ _____
9. NET CHANGE THIS PERIOD (Line 3-8, Enter this total on line 2, Column B of Summary Page) \$ -0-

(Interim Form)

SCHEDULE C, FORM 420 or 430
NON-MONETARY CONTRIBUTIONS

(Amounts may be rounded off to whole dollars)

See information manual for directions and examples

DATE	FULL NAME AND ADDRESS AND I.D. NUMBER (If Committee)	OCCUPATION	EMPLOYER*	DESCRIPTION OF CONSIDERATION	FAIR MARKET VALUE RECEIVED	CUMULATIVE AMOUNT
	<i>[Signature]</i>				-0-	-0-
					SUBTOTAL \$	60-

*Add additional information on appropriately labeled continuation sheets

* If contributor is self-employed list street address and city of business

SUMMARY

- | | | |
|---|----|-------|
| 1. NON-MONETARY CONTRIBUTIONS OF \$50 OR MORE THIS PERIOD (Include all Subtotals) | \$ | _____ |
| 2. NON-MONETARY CONTRIBUTIONS UNDER \$50 THIS PERIOD (Not Itemized) | | _____ |
| 3. TOTAL NON-MONETARY CONTRIBUTIONS THIS PERIOD (Line 1 + 2, Enter on Line 5, Column B of Summary Page) | \$ | _____ |